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DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

STATE OF WASHINGTON
APPLICATION TO ENTER A WATER RIGHT INTO
THE TRUST WATER RIGHT PROGRAM

1 of 2 concurrently filed applications--
this for November 25, 1879 water right

NOTE: THIS FORM IS ONLY TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease
☐ Purchase
☒ Donation
☐ Other

Explain: _____

☒ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 6 / 14 / 10
END DATE 11 / 1 / 13

FOR OFFICE USE ONLY	
FILE No. <u>CS4-00634-5696</u>	WRIA <u>39</u>
DATE ACCEPTED <u>07 / 14 / 2010</u>	BY <u>[Signature]</u>
FEE \$ <u>[Signature]</u>	REC'D <u>06 / 21 / 2010</u>
CHECK No. <u>[Signature]</u>	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)

1. Applicant Information:

APPLICANT/BUSINESS NAME John N. Eaton and Cristi S. Eaton, h&w	PHONE NO. (509) 925-4351	FAX NO. ()
ADDRESS 473 Thrall Road		
CITY Ellensburg	STATE WA	ZIP CODE 98926

CONTACT NAME (IF DIFFERENT FROM ABOVE) John Ufkes, Cone Gilreath Law Offices	PHONE NO. (509) 925-3191	FAX NO. (509) 925-7460
ADDRESS P.O. Box 499, 200 E. Third Avenue		
CITY Ellensburg	STATE WA	ZIP CODE 98926

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Acquavella, Sub 9, Court Claim #00634	RECORDED NAME(S) John N. & Cristi S. Eaton
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

COVER CLAIM 00634 SUB 9 WILSON-MANGLUM 11-25-1879 = b	FOR OFFICE USE ONLY
WATER RIGHT NO. _____	FILE (contract) NO. _____
CS4-00634-5696	

1879
b

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s):	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Wilson Creek		NW	NE	30	17N.	19	17-19-30040-0002	N/A
change of POD submitted								
CS4-00634CTCL(B)sb9								

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	.6 cfs	52.54	April 1-October 31

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:		
PURPOSE OF USE		ACRE-FEET/YR
Donation to instream flows-seasonal	0.0 cfs	7.41 AF

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Southeast quarter of the Southeast quarter of Section 30 (SE1/4 SE1/4 of Sec. 30) lying Westerly of I-82, Kittitas County WA, (See attached legal description of all of 00643 water right property attached as Exhibit A)							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	SE	30	17	19	Kittitas	17-19-30040-0002	7.96
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
Wilson Creek then to Yakima River

7. Remarks and Other Relevant Information:

Other water placed in trust after completion of irrigation efficiencies project on adjoining property CS4-00909CTCL(A)@2 and CS4-00909CTCL(B)@2 expire on the same date as this request

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>John N. Eaton</u> (Applicant)	<u>Cristi S. Eaton</u> (Date)
John N. Eaton & Cristi S. Eaton	
_____	____/____/____
(Water Right Holder)	(Date)
_____	____/____/____
(Land Owner(s) of Existing Place of Use)	(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____